

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

	ons. CE ADDRESS (Note: Use Block 1 for 1590 12/07/2004	any change of address)		Note: A certificat Fee(s) Transmittal papers. Each addi have its own certif	e of mailing can only be used to the control of the used to the cannot be used the control of th	for domestic mailings of the for any other accompanying tent or formal drawing, mus
Norman P. Soloway HAYES SOLOWAY P.C. 130 W. Cushing Street Tucson, AZ 85701 /11/2005 EHAILE2 00000006 10072194		MAR 1 0 2005		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (703) 746-4000, on the date indicated below.		
				Kir	n Good	(Depositor's name)
		TRADE	MARK	<u> </u>	im How	(Signature)
C:1501 C:1504	1400.00 OP 300.00 OP	THAUL		Ma:	<u>rch 4, 2005</u>	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		) INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/072,194 TITLE OF INVENTION: T	02/07/2002 COMPE TRACK-OFFSET GOMPNE	<b>, n sation</b> <del>Sation</del> in optic.	Masatsug AL DISK D	_	NEC GNE471	4278
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 DY61		\$300	\$1670 1700	03/07/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	CLASS-SUBCLASS	
BATTAGLIA, MICHAEL V		2652		369-044130		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO			data will appear on the patent. If an assignee is identified below, the document has been filed fo			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	D RESIDENCE DATA TO E	E PRINTED ON TH	HE PATENT	ear on the patent. If an as	ssignee is identified below, the	document has been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	E PRINTED ON THe elow, no assignee da of this form is NOT	HE PATENT ata will appo a substitute	ear on the patent. If an as		document has been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	E PRINTED ON THe elow, no assignee da of this form is NOT	HE PATENT ata will appo a substitute	ear on the patent. If an as for filing an assignment.  CE: (CITY and STATE OR		document has been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  NEC CORI	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE PORATION e assignee category or category	E PRINTED ON THelow, no assignee de of this form is NOT (B)	HE PATENT ata will appra a substitute RESIDENC JAP ated on the p	ear on the patent. If an as for filing an assignment.  EE: (CITY and STATE OR  AN  atent):		
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  NEC CORI  Please check the appropriate  4a. The following fee(s) are	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE PORATION e assignee category or category	E PRINTED ON THe elow, no assignee da of this form is NOT (B)	HE PATENT ata will appra a substitute RESIDENC  JAP  ated on the properties of the p	ear on the patent. If an asfor filing an assignment.  CE: (CITY and STATE OR  AN  atent): Individual Fee(s):	COUNTRY)  Corporation or other private g	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  NEC CORI  Please check the appropriate  4a. The following fee(s) are  I ssue Fee	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE PORATION e assignee category or category enclosed:	E PRINTED ON THe elow, no assignee da of this form is NOT (B)	HE PATENT ata will apple a substitute RESIDENC  JAP  Ated on the properties of the p	ear on the patent. If an as for filing an assignment.  CE: (CITY and STATE OR  AN  atent): Individual Fee(s):  in the amount of the fee(s)	COUNTRY)  Corporation or other private g is enclosed.	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  NEC CORI  Please check the appropriate  4a. The following fee(s) are  I ssue Fee	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE PORATION e assignee category or category enclosed: small entity discount permitte	E PRINTED ON THe elow, no assignee da of this form is NOT (B)  ries (will not be prin 4b.)	HE PATENT ata will appara substitute RESIDENC  JAP  Ated on the property of th	ear on the patent. If an as for filing an assignment.  EE: (CITY and STATE OR  AN  atent): Individual [  Fee(s): in the amount of the fee(s) by credit card. Form PTO-	COUNTRY)  Corporation or other private g is enclosed.	roup entity 🗖 Government
Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  NEC CORI  Please check the appropriate  4a. The following fee(s) are    Issue Fee   No see     Advance Order - # of the s	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE PORATION e assignee category or categor e enclosed: small entity discount permitt of Copies	E PRINTED ON THe elow, no assignee da of this form is NOT (B)  ries (will not be prin 4b.)  ed) [ cd) [ cd]	The PATENT ata will appra a substitute RESIDENC  "JAP ated on the properties of the payment of the Payment of the Payment of the Directory of	ear on the patent. If an as for filing an assignment.  EE: (CITY and STATE OR  AN  atent): Individual Fee(s): in the amount of the fee(s) by credit card. Form PTO- ector is hereby authorized ount Number () 8 = 1	COUNTRY)  Corporation or other private g is enclosed.  2038 is attached.	r credit any overpayment, to copy of this form).  CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Norman P. Soloway

Registration No.

24,315